

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. CIR./DIST./DIV. CODE IAN		2. PERSON REPRESENTED Moran, Troy		FEB - 7 2005		6. OTHER DKT. NUMBER 46290420292																																																																																																																																																																									
3. MAG. DKT./DEF. NUMBER CPL		4. DIST. DKT./DEF. NUMBER 3:04-003018-003		5. APPEALS DKT./DEF. NUMBER DEPUTY		10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																																																																																																																																									
7. IN CASE/MATTER OF (Case Name) U.S. v. Moran		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant																																																																																																																																																																											
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 846-CD.F -- CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE																																																																																																																																																																															
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Frey, Michael 500 - 5th St. P.O. Box 1828 Sioux City IA 51102 Telephone Number: (712) 255-4444				13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input checked="" type="checkbox"/> Other (See Instructions) <u>Denise Pickers</u> Signature of Presiding Judicial Officer or By Order of the Court <u>04/26/2004</u> Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																																											
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																																																																																																																															
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